

<b>AMENDMENT TRANSMITTAL LETTER</b>			DOCKET NUMBER: <b>P-PM 3474</b>	
SERIAL NO: <b>09/288,344</b>	FILING DATE: <b>April 8, 1999</b>	EXAMINER: <b>L. Crane</b>	GROUP ART UNIT: <b>1623</b>	
INVENTION: <b>METHODS OF OPTIMIZING DRUG THERAPEUTIC EFFICACY FOR TREATMENT OF IMMUNE-MEDIATED GASTROINTESTINAL DISORDERS</b>				

THE ASSISTANT COMMISSIONER FOR PATENTS



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on February 4, 2000.

By: Deborah L. Cadena  
Deborah L. Cadena, Reg.No. 44,048

February 4, 2000  
Date of Signature

Transmitted herewith is a Response to Office Action mailed August 4, 1999, in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.
- ☒ A copy of a previously filed Form 1449 is enclosed as an attachment to the Response to Office Action.
- ☒ A Petition for a small entity, three-month Extension of Time is enclosed.
- ☒ A Supplemental Information Disclosure Statement, Form 1449, and copies of 15 references are enclosed.
- ☐ No additional claims fee is required.
- ☒ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	46	-	34	-	12	x	\$9	\$18	= \$108	\$
INDEPENDENT CLAIMS	5	-	4	-	1	x	\$39	\$78	= \$39	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		_____YES		_____X_____NO			\$130	\$260	= \$0	\$
							TOTAL ADDITIONAL FEE		\$147	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

Inventors: Seidman and Théorêt  
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\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

\_\_\_\_ Please charge my Deposit Account No. 03-0370 the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.

X A check in the amount of \$822.00 is enclosed, \$147.00 of which covers the additional claims fee, \$240.00 of which covers the Information Disclosure Statement filing fee, and \$435.00 of which covers the fee for a small entity, three-month extension of time.

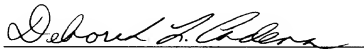
X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-0370. A duplicate copy of this sheet is enclosed.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17.

X The Commissioner is hereby authorized to charge to Deposit Account No. 03-0370 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



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